The F & M Bank

21 East Main Street, Galesburg, IL Phone: 309-343-7141 Fax: 309-343-6699

Personal Financial Statement

				Date of Statement:				
Name:	S	SS#		Employer:				
Name:	S	SS#		Employer:				
Address:			Home Phone:					
City, State,				Business Phone:				
Zip Code:	Assets		Amount in Dollars	Business Phone:	Liabilities	Amount in Dollars		
			Amount in Boilars		Current Debt (Accounts	Amount in Boilars		
Schedule 1	Cash - checking, savings, on hand			Schedule 6	Payable)			
Schedule 2	Securities - stocks / bonds / mutual funds			Schedule 7	Real estate mortgages			
	Notes & contracts receivable				Taxes payable			
Schedule 3	Retirement Funds (eg. IRAs, 401(k))			Other Liabilities (specify):				
Schedule 4	Life insurance (cash surrender value)							
	Personal Property, HHGS							
Schedule 5	Real Estate Owned							
Other								
					Total Liabilities			
	Total Asse	ets			Net Worth			
GROSS ANNU	JAL INCOME Year Ended 12/31/		AMOUNT	MONTHLY EXPEN	ISES	AMOUNT		
Salary or Wages				Payments on Morto	yments on Mortgages			
Bonus and Commission				Payments on All O	ther Loans			
Dividends and Interest				Other Expenses				
Rental and Lease Income								
Other Income								
Total Annual Income				7	Total Monthly Expenses			
CONTINGENT LIABILITY								
As a co-make	r or guarantor on notes or leases							
As a partner of	r officer in any other venture (if so describe							
Defendant in any legal action (explain)								
Total Contingent Liability								
The information contained in this statement for the purpose of obtaining, or maintaining credit with you on behalf of the undersigned, or persons, firms or corporations in whose behalf may either severally or jointly with others, execute a guaranty in your favor. Each undersigned understands that you are relying on the information provided herein (including the designation made as to ownership of property) in deciding to grant or continue credit. Each undersigned represents and warrants that the information provided is true and complete and that you may consider this statement as continuing to be true and correct until a written notice of a change is given to you by the undersigned. You are authorized to make all inquiries you deem necessary to verify the accuracy of the statements made herein, and to determine my/our creditworthiness, including obtaining personal credit bureau reports. You are authorized to answer questions about your credit experience with me/us.								
Notice: The State Laws against discrimination require that all creditors make credit equally available to all credit-worthy			Signature: D.O.B.					
customers, and that credit reporting agencies maintain separate		ie ,	Signature: D.O.B.					
Rights Commission administers compliance with this law.								

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Schedule 1: 0	Checking and Savings Accounts								
		Account Holder							
	Bank Name	Name	Type(s) of Account	Balance					
				Total					
Schedule 2: Securities / stocks / bonds / mutual funds / stock in closely held companies (Attach additional information if needed)									
00:100:01:0	Number of								
	Name of Investment	Date of Acquisition	Shares	Price Per Share	Total Value				
				Total					
Sabadula 2: I	e 3: IRA's, 401(k), Retirement Accounts								
Scriedule 3. I			_						
	Bank / Brokerage		Amount	Name	Total Value				
				Total					
Schedule 4: L	ife Insurance								
	Company Name / Person In	sured	Beneficiary	Face Amount	Cash Value				
	Company management		•						
				Total Cash Value					
Cabadula F 0	7. Deal Fatata (Attack additional information			Total Cash value					
Schedule 5 &	ule 5 & 7: Real Estate (Attach additional information if needed)								
	Description / Location	Creditor Name	Monthly Payment	Amount Due	Market Value				
	Description / Location	Greater Hame	r dyment	Amount Buc	market value				
			Totals						
Schedule 6: A	Accounts Payable & Installment Loans								
	Creditor Name Colla		eral	Monthly Payment	Balance Due				
				Total					
									

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